



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 93684		2. Name of Corporation Therapeutic Products Rx Corp.			
3. Street Address Principal Business Office 321 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. (401)738-1321		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The Manufacture, Distribution and Sale of Exercise Devices.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pamela Ann Jourabchi			Vice President Name Pamela Ann Jourabchi		
Street Address 4 White Birch Circle			Street Address 4 White Birch Circle		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
Secretary Name Pamela Ann Jourabchi			Treasurer Name Pamela Ann Jourabchi		
Street Address 4 White Birch Circle			Street Address 4 White Birch Circle		
City Scituate	State RI	Zip 02831	City Scituate	State RI	Zip 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 8,000 \$1.00 PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
File Date **JAN 12 2009**
Check No. **5733**
By **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-6-09
Signature Date
Pamela Ann Jourabchi
Print or Type Name
President
Title